

11/15/01
U.S. PTO

Please type a plus sign (+) inside this box →

PTO/SB/05 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. **HLB-1001-US**

First Inventor **Holbrook**

Title **Apparatus and Method for ...**

Express Mail Label No. **EV003479183US**

APPLICATION ELEMENTS		ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 58] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 35]		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. Oath or Declaration [Total Pages 2]		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i>	
a. <input checked="" type="checkbox"/> Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i>		<input checked="" type="checkbox"/> Attorney	
b. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		11. <input type="checkbox"/> English Translation Document (if applicable)	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	
		13. <input type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
		16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input type="checkbox"/> Other:	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: **Provisional Application 60/248,802** of prior application No.

Continuation Divisional Continuation-in-part (CIP)

Prior application information: Examiner _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		24923 (Insert Customer No. or Bar Code Label here)		<input type="checkbox"/> or <input type="checkbox"/> Correspondence address below
Name	PATENT & TRADEMARK OFFICE			
Address				
City	State		Zip Code	
Country	Telephone		Fax	
Name (Print/Type)	G. MICHAEL ROEBUCK		Registration No. (Attorney/Agent)	35,662
Signature	<i>G. Michael Roebuck</i>		Date	11/15/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

10/002792
11/15/01

The PTO did not receive the following

listed item a check of \$454
receive a check of \$496

PTO/SB/17 (12/99)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 454)

Complete if Known

Application Number	
Filing Date	November 15, 2001
First Named Inventor	Holbrook
Examiner Name	Unknown
Group / Art Unit	Unknown
Attorney Docket No.	HLB-1001-US

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **13-0010**

Deposit Account Name **Madan, Mossman & Sriram**

Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

Check Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet.	
139	130	Non-English specification	
147	2,520	For filing a request for reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	380	Extension for reply within second month	
117	870	Extension for reply within third month	
118	1,360	Extension for reply within fourth month	
128	1,850	Extension for reply within fifth month	
119	300	Notice of Appeal	
120	300	Filing a brief in support of an appeal	
121	260	Request for oral hearing	
138	1,510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1,210	Petition to revive - unintentional	
142	1,210	Utility issue fee (or reissue)	
143	430	Design issue fee	
144	580	Plant issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Stmt	
581	40	Recording each patent assignment per property (times number of properties)	
146	690	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	690	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			
* Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$ -0-

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	690	Utility filing fee	370
106	310	Design filing fee	
107	480	Plant filing fee	
108	690	Reissue filing fee	
114	150	Provisional filing fee	
SUBTOTAL (1) (\$ 370)			

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	20 -20** = 0	x 9	= 0
Independent Claims	5 - 3** = 2	x 42	= 84
Multiple Dependent	140	=	0

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	Claims in excess of 20
102	78	Independent claims in excess of 3
104	260	Multiple dependent claim, if not paid
109	78	** Reissue independent claims over original patent
110	18	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ -84-		

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	G. MICHAEL ROEBUCK	Registration No. (Attorney/Agent)	35,662	Telephone	713-266-1130
Signature	<i>G. Michael Roebuck</i>			Date	11/15/01

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.